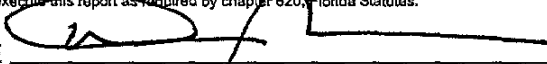


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 JAN -6 AM 11:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership CFI CENTRAL, LTD.		1a. DOCUMENT # A32707			
Mailing Address 5601 WINDHOVER DR ORLANDO FL 32819		Principal Office Address 5601 WINDHOVER DR ORLANDO FL 32819		3. Date Formed or Registered 03/20/1992	
				5a. Capital Contributions as Shown on record. \$10,700,000.00	
				3a. Date of Last Report 12/24/1997	
				5b. Amount of Capital Contributions in FLORIDA to date: \$1,266,168	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-3120000	
City & State		City & State		☐ Applied For ☐ Not Applicable	
Zip Country		Zip Country		7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent MARDER, MICHAEL 100 WEST CYPRESS CREEK RD., STE. 700 FT. LAUDERDALE FL 33309				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
CFI FINANCIAL, INC.		100 W. CYPRESS		FT. LAUDERDALE FL	
				11c. Registration/Document Number V02085	
				800002731598-7 -01/06/99-01025-037 ***2276.25 *****526.25	
				dec	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE 				DATE 12/15/98	
Typed or Printed Name of General Partner Signing Form DAVID SIEGEL				Daytime Telephone Number (407) 351-3350	

CR2E003 (8/98)